

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597698

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6		2				
7		2				
8		2				
9						
10						
11		1				
12		1				
13		1				
14						
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21						
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49						
50						
TOTAL IND.	4	↓	5	↓		↓
TOTAL DEP.	26	←	18	←		←
TOTAL CLAIMS	30		23			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						